

JAN 10 2005

Atty Docket No. 025663-000900US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Gailene Gabel

Group Art Unit 1641

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Gailene Gabel**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of, Application No. 09/575,061, filed May 19, 2000 for DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S DISEASE USING THE OMPC ANTIGEN are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (2); and
3. Statement Under 37 CFR 3.73(b) (2)

Number of pages being transmitted, including this page: 6

Dated: January 10, 2005

  
Sylvia E. Arnold

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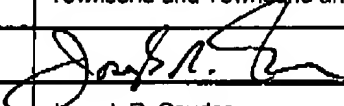
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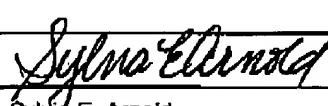
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/575,061
	Filing Date	May 19, 2000
	First Named Inventor	Targan et al.
	Art Unit	1641
	Examiner Name	Gailene Gabel
Total Number of Pages in This Submission	Attorney Docket Number	025663-000900US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Statement Under 35 CFR 3.73(b) (2) <input checked="" type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (2) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Facsimile Cover Sheet
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joseph R. Snyder		
Date	January 10, 2005	Reg. No.	39,381

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on January 10, 2005.			
Signature			
Typed or printed name	Sylvia E. Arnold	Date	January 10, 2005

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PTO/SB/82 (09-03)

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/575,061
	Filing Date	May 19, 2000
	First Named Inventor	Targan et al.
	Art Unit	1641
	Examiner Name	G. Gabel
	Attorney Docket Number	025663-000900US

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20350

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 20350

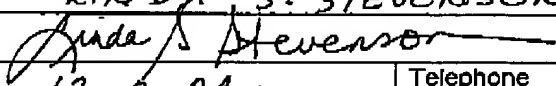
OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	LINDA S. STEVENSON		
Signature			
Date	12-2-04	Telephone	510-587-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/62 (09-03)

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/575.061
Filing Date	May 19, 2000
First Named Inventor	Targan et al.
Art Unit	1641
Examiner Name	G. Gabel
Attorney Docket Number	25663-000900US

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

**20350**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **20350**


OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Peter E. Braveman, Senior Vice President for Legal Affairs and		
Signature	General Counsel 		
Date	11/24/04	Telephone	(310) 423-5000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

60352295 v1

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PTO/SB/86 (06-04)

Attorney Docket No. 025663-000900US

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: The Regents of the University of CaliforniaApplication No./Patent No.: 09/575,061 Filed/Issue Date: May 19, 2000Entitled: DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S DISEASE USING THE OmpC ANTIGEN

The Regents of the University of California, a Non-Profit  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011029, Frames 0461 and 0449, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Linda S. Stevenson  
 Signature

December 8, 2004  
 Date

LINDA S. STEVENSON

Printed or Typed Name

Manager, Patent Prosecution

Title

Telephone Number  
 (510) 587-6018

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PTO/SB/98 (08-04)

Attorney Docket No. 025663-000900US

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Cedars-Sinai Medical CenterApplication No./Patent No.: 09/575,081Filed/Issue Date: May 18, 2000Entitled: DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S DISEASE USING THE OmpC ANTIGENCedars-Sinai Medical Centera Non-Profit

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011029, Frames 0461 and 0449, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_

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The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

12/17/04

Date

Peter E. Braveman

Printed or Typed Name

(310) 423-6000

Telephone Number

Senior Vice President for Legal Affairs and General Counsel

Title

60352282 v1